

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **aa**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000001811**

1. Corporation Name

SUNCOAST FUNDING OF ST. PETERSBURG, INC.

Principal Place of Business

~~111 2ND AVE NE
STE 903
SAINT PETERSBURG FL 33701~~

Mailing Address

~~111 2ND AVE NE
STE 903
SAINT PETERSBURG FL 33701~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6740 CROSSWINDS DR. N.

Suite, Apt., etc.

SUITE I

City & State
ST. PETERSBURG

Zip
33710

Country
PINELLAS

3. New Mailing Office Address, If Applicable

6740 CROSSWINDS DR. N.

Suite, Apt., etc.

SUITE I

City & State
ST. PETERSBURG

Zip
33710

Country
PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1998

SP

5. FEI Number

57-3486497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MAGNER, MARTIN J	111 2ND AVE NE, STE 903	SAINT PETERSBURG FL 33701
STP	MAGNER, MARTIN J	111 2ND AVE NE, STE 903	SAINT PETERSBURG FL 33701
STP	MAGNER, MARTIN J	111 2ND AVE NE, STE 903	SAINT PETERSBURG FL 33701

100003033351-1
-11/03/99--01002--016
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERIDRAWYER~~

~~340 ALMERIA AVENUE~~

~~GORAL CABLES FL 33134~~

Name

MARTIN J. MAGNER

Street Address (P.O. Box Number is Not Acceptable)

6740 CROSSWINDS DRIVE N.

Suite, Apt., Etc.

SUITE I

City

ST. PETERSBURG.

State

FL

Zip Code

33710

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Martin J. Magner
REGISTERED AGENT MUST SIGN

Date **10.22.99**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Martin J. Magner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.22.99

Date

888-876-5800

Daytime Phone #

CP25040 (8/99)